

02/04/05
Cost & Use
2002

MEDICARE CURRENT BENEFICIARY SURVEY
 Facility Events

RIC: FAE
 Page: 1
 Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Facility Events file contains data about all facility events of the MCBS population, whether community or facility interviews. There is one record for each stay that occurred, at least partly, during the calendar year. The cost and use data contained in the file is limited to the current calendar year.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number

1,337 LOW-HIGH BASEID Count

STAYNUM	14	1					N Stay number for the year
REFBEGYY	15	2					C Reference beginning date year
REFBEGMM	17	2					C Reference beginning date month
REFBEGDD	19	2					C Reference beginning date day
REFENDYY	21	2					C Reference ending date year
REFENDMM	23	2					C Reference ending date month
REFENDDD	25	2					C Reference ending date day
ADMISYY	27	2					C Admission date year
ADMISMM	29	2					C Admission date month
ADMISDD	31	2					C Admission date day
DISCHYY	33	2					C Permanent discharge date year
DISCHMM	35	2					C Permanent discharge date month
DISCHDD	37	2					C Permanent discharge date day
STAYDAYS	39	3					N Number of days in the stay
FACILID	42	6					C Facility ID

Note: Randomly-assigned number

FACDESC	48	2	FACFMT				N Facility description
				24			1 Hospital
				872			2 Nursing home
				3			3 Retirement home
				132			4 Domiciliary/personal care facility
				12			5 Mental health facility
				31			6 Inst for mentally retarded/devel disab
				0			7 Mental health center
				86			8 Life care/continuing care
				139			9 Assisted living facility
				9			10 Rehabilitation facility
				29			91 Other place, specify

02/04/05
Cost & Use
2002

MEDICARE CURRENT BENEFICIARY SURVEY
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RIC: FAE
Page: 2
Version: 1

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BEGSTAT	50	1	\$BEGSTAT				C Status at the beginning of the stay
				1			- Don't know
				940			0 Continuing SP
				151			1 First time SP from home
				132			2 First time SP from hosp
				50			3 First time SP from nursing home
				8			5 2nd stay 30-day split (in hosp)
				6			6 2nd stay 30-day split (disch)
				46			7 First time SP from other facility
				3			9 Unknown reason
ENDSTAT	51	1	\$ENDSTAT				C Status at the end of the stay
				2			- Don't know
				906			0 SP is still a resident
				39			1 SP was discharged home
				75			2 SP was discharged to a hospital
				79			3 SP was discharged to another facility
				214			4 SP died in the facility
				9			5 Stay split by 30-day hosp
				6			6 Stay split by 30-day disch
				0			7 SP was discharged to another facility
				7			9 Unknown reason for end of stay
AMTTOT	52	9					N Total payment
AMTCARE	61	9					N Amount paid by Medicare
AMTCAID	70	9					N Amount paid by Medicaid
AMTVVA	79	9					N Amount paid by Veterans Administration
AMTPRVU	88	9					N Amt paid by priv ins (unknown purchased)
AMTOOP	97	9					N Amount paid out-of-pocket (OOP)
AMTOTH	106	9					N Amount paid by other payor(s)
ANCITOT	115	9					N Ancillary total payment
ANCICARE	124	9					N Ancillary amount paid by Medicare
ANCICAID	133	9					N Ancillary amount paid by Medicaid
ANCIVA	142	9					N Ancillary amount paid by Veterans Adm.
ANCIPRVU	151	9					N Ancillary amount paid by private ins.
ANCIOOP	160	9					N Ancillary amount paid by person/family
ANCIOTH	169	9					N Ancillary amount paid by other sources
TOTCARE	178	9					N Amount paid by Medicare for all services
TOTALL	187	9					N Total amt paid (incl. Medicare payments)
DENTNUM	196	3					N Number of dental visits
EMNUM	199	3					N Number of emergency room visits
OPNUM	202	3					N Number of clinic/outpatient visits

02/04/05
Cost & Use
2002

MEDICARE CURRENT BENEFICIARY SURVEY
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RIC: FAE
Page: 3
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MDNUM	205	3					N Number of medical doctor visits
MHNUMVIS	208	3					N # of mental health professional visits
DIETFLG	211	2	YES2FMT				N Type of health professional: dietician
				435			1 Yes
				902			2 No
OPHTLFLG	213	2	YES2FMT				N Type of physician: ophthalmologist
				126			1 Yes
				1,211			2 No
OPTOMFLG	215	2	YES2FMT				N Type of health professional: optometrist
				127			1 Yes
				1,210			2 No
PODIAFLG	217	2	YES2FMT				N Type of health professional: podiatrist
				753			1 Yes
				584			2 No
EDHABFLG	219	2	YES2FMT				N Received educational/habitational svcs.
				3			-8 Don't know
				1			-7 Refused
				289			1 Yes
				1,044			2 No
HABFLG	221	2	YES2FMT				N Received habitational services
				4			-8 Don't know
				1			-7 Refused
				271			1 Yes
				1,061			2 No
EDUCFLG	223	2	YES2FMT				N Received educational services
				4			-8 Don't know
				1			-7 Refused
				184			1 Yes
				1,148			2 No
AMBUSERV	225	2	YES2FMT				N Used ambulance service
				452			1 Yes
				885			2 No
BEDPADS	227	2	YES2FMT				N Received bed pads
				797			1 Yes
				540			2 No
CATHETER	229	2	YES2FMT				N Received catheter or catheter supplies
				173			1 Yes
				1,164			2 No

02/04/05
Cost & Use
2002

MEDICARE CURRENT BENEFICIARY SURVEY
Facility Events

RIC: FAE
Page: 4
Version: 1

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CATHIRRI	231	2	YES2FMT				N Catheterization and irrigation
				172			1 Yes
				1,165			2 No
CHNGBAND	233	2	YES2FMT				N Apply or change dressing
				544			1 Yes
				793			2 No
CLOTHDPR	235	2	YES2FMT				N Received cloth diapers
				103			1 Yes
				1,234			2 No
COMMODE	237	2	YES2FMT				N Received bedside commode
				116			1 Yes
				1,221			2 No
DIABSUPP	239	2	YES2FMT				N Used diabetic supplies
				252			1 Yes
				1,085			2 No
DIAPRSUP	241	2	YES2FMT				N Used disposable diapers
				822			1 Yes
				515			2 No
EQUIPSUP	243	2	YES2FMT				N Used equipment or supplies
				9			1 Yes
				1,328			2 No
EYEGGLASS	245	2	YES2FMT				N Used eyeglasses
				209			1 Yes
				1,128			2 No
FEEDSERV	247	2	YES2FMT				N Received feeding services
				420			1 Yes
				917			2 No
FEEDSUPP	249	2	YES2FMT				N Received feeding supplies
				100			1 Yes
				1,237			2 No
GERCHAIR	251	2	YES2FMT				N Received geri-chair
				126			1 Yes
				1,211			2 No
GTUBESUP	253	2	YES2FMT				N Received gastrointestinal tube & suppl.
				86			1 Yes
				1,251			2 No

02/04/05
Cost & Use
2002

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Facility Events

RIC: FAE
Page: 5
Version: 1

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GTUBEUSE	255	2	YES2FMT				N Received gastrointestinal tube servivces
				80			1 Yes
				1,257			2 No
HEARAID	257	2	YES2FMT				N Used hearing aid
				50			1 Yes
				1,287			2 No
HOSPBED	259	2	YES2FMT				N Received hospital bed
				395			1 Yes
				942			2 No
HOTPACKS	261	2	YES2FMT				N Received hot pack & hot pack services
				58			1 Yes
				1,279			2 No
INCNCARE	263	2	YES2FMT				N Received incontinence care
				854			1 Yes
				483			2 No
INJECTION	265	2	YES2FMT				N Received injections
				471			1 Yes
				866			2 No
IVSUPP	267	2	YES2FMT				N Received IV therapy supplies
				61			1 Yes
				1,276			2 No
IVUSE	269	2	YES2FMT				N Received IV therapy services
				62			1 Yes
				1,275			2 No
MATTRESS	271	2	YES2FMT				N Received special mattress
				496			1 Yes
				841			2 No
NEBULIZR	273	2	YES2FMT				N Received nebulizer
				114			1 Yes
				1,223			2 No
ORTHITEM	275	2	YES2FMT				N Used orthopedic items
				177			1 Yes
				1,160			2 No
OSTOMSUP	277	2	YES2FMT				N Used ostomy supplies
				40			1 Yes
				1,297			2 No

02/04/05
Cost & Use
2002

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RIC: FAE
Page: 6
Version: 1

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OXYGEN	279	2	YES2FMT				N Used oxygen
				292			1 Yes
				1,045			2 No
PACEMCHK	281	2	YES2FMT				N Pacemaker check/monitoring services
				30			1 Yes
				1,307			2 No
PROSTHES	283	2	YES2FMT				N Used prosthesis
				9			1 Yes
				1,328			2 No
RESTRAIN	285	2	YES2FMT				N Received restraints
				217			1 Yes
				1,120			2 No
SKINSERV	287	2	YES2FMT				N Rec'd skin ulcer prevention/care svcs.
				745			1 Yes
				592			2 No
SUCTSERV	289	2	YES2FMT				N Received respiratory tract suctioning
				55			1 Yes
				1,282			2 No
SUCTSUPP	291	2	YES2FMT				N Received suction machine and supplies
				53			1 Yes
				1,284			2 No
TEDHOSE	293	2	YES2FMT				N Received support (ted) hose and supplies
				108			1 Yes
				1,229			2 No
TUBEFEED	295	2	YES2FMT				N Received tube feeding
				103			1 Yes
				1,234			2 No
TURNPOS	299	2	YES2FMT				N Received turning and positioning
				682			1 Yes
				655			2 No
WHEEWALK	301	2	YES2FMT				N Received wheel chair or walker
				602			1 Yes
				735			2 No